

AO 440 (Rev. 8/01) Summons in a Civil Action

## RETURN OF SERVICE

Service of the Summons and complaint was made by me <sup>(1)</sup>	DATE <b>1-9-06</b>
NAME OF SERVER (PRINT)	TITLE

*Check one box below to indicate appropriate method of service*

☐ Served personally upon the defendant. Place where served: \_\_\_\_\_

☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.  
Name of person with whom the summons and complaint were left: \_\_\_\_\_


☐ Returned unexecuted: \_\_\_\_\_

☒ Other (specify): **Served via certified mail**

## STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL <b>0.00</b>
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## DECLARATION OF SERVER

contained  Executed	<b>COMPLETE THIS SECTION</b> 2, and 3. Also complete Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	<b>COMPLETE THIS SECTION ON DELIVERY</b> A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <b>J. Wolfe</b> C. Date of Delivery <b>1-9-06</b> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	1. Article Addressed to:  <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">           Milliman USA, Inc.            1301 5<sup>th</sup> Avenue, Suite 3800            Seattle, WA 98101         </div>	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label) <b>7001 2510 0005 9167 2741</b>		

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF MISSISSIPPI  
GREENVILLE DIVISION

DELTA REGIONAL MEDICAL CENTER; §  
SOUTH SUNFLOWER COUNTY HOSPITAL; §  
on behalf of themselves and all others similarly §  
situated, §

Plaintiffs, §

v. §

GENERAL REINSURANCE CORPORATION, §  
a Delaware corporation; JOHN WILLIAM §  
"BILL" CREWS; KENNETH R. PATTERSON, §  
MILLIMAN USA, INC., a Washington §  
corporation; PRICE WATERHOUSE §  
COOPERS LLP, a Delaware limited liability §  
partnership; WACHOVIA BANK, §  
NATIONAL ASSOCIATION §  
(f/k/a FIRST UNION NATIONAL BANK), §  
a Virginia corporation; BERKSHIRE §  
HATHAWAY; CREWS & HANCOCK, §  
P.L.C., a Virginia limited liability company, §  
ATLANTIC SECURITY, LTD., a Bermuda §  
corporation; CAROLYN B. HUDGINS; §  
JUDITH A. KELLEY; THOMAS M. REINDEL; §  
VICTORIA J. SEEGER; CHRISTOPHER §  
MIGEL; THOMAS N. KELLOGG; §  
ROBERT L. SANDERS; GARY STEPHANI; §  
RICHARD W. E. "DICKY" BLAND; §  
GORDON D. MCLEAN; RICHARD §  
WITKOWSKI, §

Defendants. §

TO: Milliman USA, Inc.  
1301 5<sup>th</sup> Avenue, Suite 3800  
Seattle, WA 98101

CASE NO.

4:05 CV 282-M-B

JURY DEMAND

YOU ARE HEREBY SUMMONED and required to served upon PLAINTIFFS'  
ATTORNEYS:

Robert G. Methvin, Jr.  
James M. Terrell  
James M. Stephens  
McCallum, Methvin & Terrell, P.C.  
2201 Arlington Avenue South  
Birmingham, AL 35205

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an answer to the complaint which is herewith served upon you, within twenty (20) days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

**ARLEN B. COYLE, CLERK**

CLERK

*Sean Acus*  
(By) DEPUTY CLERK

1-3-06  
DATE